

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: _____ 2 Serial/Patent # 10/525722

3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/>	Filing			\$
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other		2-28-05	\$ 100.00

7 TOTAL AMOUNT OF REFUND \$ 100.00

8 TO BE REFUNDED BY:

10 REASON:

☐ Overpayment

☐ Duplicate Payment

☐ No Fee Due (Explanation):

Treasury Check

Credit Deposit A/C #:

9

Fee Code Correction

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: BARBARA CAMPBELL

TITLE: _____

SIGNATURE: BAC

PHONE: 703 308-9140

OFFICE: PCT/DO/EO

EXT 217

THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: _____

DATE: Adjustment date: 07/13/2005 BCAMPBEL
03/03/2005 11 ANDGRA 00000063 10525722
02 FC:1632 -500.00 UP

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: